

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 9, 2002

RE: MDR Tracking #: M2-03-0349-01
IRO Certificate #: 5242

___ been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine/Rehabilitation physician reviewer who is board certified in Physical Medicine/Rehabilitation. The Physical Medicine/Rehabilitation physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

I have been asked to perform an IRO medication evaluation for preauthorization denial of the purchase of a DMR NT 2000 neuromuscular stimulator for this injured worker. I am board certified in physical medicine and rehabilitation, electrodiagnostic medicine, and pain management and am qualified to address the utilization of an electrical stimulator for the physical medicine or rehabilitation treatment of this individual.

This lady has diagnoses related to median and ulnar nerves and had been on standard treatment including trigger point injections. The doctor, treating physician, had requested the trial use of the DMR NT 2000 as an adjunct for the control of pain and increased function in this individual. Preauthorization had been sought for purchase of the durable medical equipment device, as there had been an initial period of positive response reported.

Requested Service(s)

Purchase of a DMR NT 2000 neuromuscular stimulator

Decision

Decision to deny purchase upheld

Rationale/Basis for Decision

I have reviewed the original decisions by the preauthorization physicians that had opportunity to discuss the treatment and the request with the treating doctor, the doctor, with the indication by both reviews that the doctor had agreed with the lack of medical necessity for the purchase of a neuromuscular stimulator. This was then followed by a retraction on the part of the doctor indicating that on the date of the letter of retraction, 10/09/02, he really did not understand that the patient was achieving any significant benefit and wanted to reinstitute his request for the purchase of this unit. It is noted, however, that in his letter to Cambridge Insurance Company 09/13/02 he did appear to be well aware of the progress the patient was making with utilization of the stimulator. This information is contradictory to the letter that he wrote of 10/09/02. This information does appear to have been available to him at the time that he underwent the discussion with the preauthorization peer review doctors and on both occasions indicated his agreement that the purchase of this unit was not medically reasonable and necessary.

After review of the doctor's knowledgeable agreement with the two prior peer reviews, that purchase of this unit was not medically reasonable and necessary, along with review of the medical documentation giving very limited amount of objective measure of the patient's response to the stimulator, I would recommend upholding the original preauthorization denial for purchase of this unit.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,